

Photo Release Form

State of NH Bureau of Adult Education
21 South Fruit Street, Suite 20
Concord, NH 03301

Permission to Use Photograph

Subject: _____

Location: _____

I grant to the State of New Hampshire Bureau of Adult Education, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize the State of New Hampshire Bureau of Adult Education, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the State of New Hampshire Bureau of Adult Education may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Program/Organization Name (if applicable) _____

Check One (if applicable):

- GED
- AHS
- ESOL
- ALS
- ABE

Address _____

Date _____

Signature, parent or guardian _____ (if under age 18)